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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKETT NO.
			EXAMINER
			ART UNIT PAPER NUMBER
			30
			DATE MAILED:
		EXAMINER INTERVIEW SUMMARY RECO	PRD
Ali participants (applicar	nt, applicant's representa	ative, PTO personnel):	
(1) CAROL C	IRACX	m Tim Van	4
1 /		(3) = (1/2)	
(2) Danny Hu 61 Arthory CA	entington	(4) Ray	Chen (7) Mary Mosher
Date of Interview	7-11-96	(3) Robin 12	JK ~ (7) Milly 1" "OShot
Type:   Telephonic	Personal (copy is giv	ven to □ applicant □ applicant's representative).	
Exhibit shown or demon	stration conducted:	Yes No. If yes, brief description:	Le Dapt + ot Applicant's
response R	ecoleived 7/	10/96 and Proposed count.	
•		me or all of the claims in question.	
Claims discussed:			
Identification of prior art	_	+1.	
identification of phorait	discussed.		
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Description of the gener	ral nature of what was a	greed to if an agreement was reached, or any other con	ments: Applicants agreed to
amend the	claimed subject	motter to isolated (I to over to	he ortherection over Conte
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CIM: NPP	1100~1'S agn	ced to provide prior artiReference hants make egection of the Clot NPV	enes unacogane 18
overcome to	k upplemed	ecjection of the 21 of NPV	-/6.
(A fuller description, if nattached. Also, where	ecessary, and a copy of no copy of the amendme	the amendments, if available, which the examiner agreents which would render the claims allowable is available	ed would render the claims allowable must be e, a summary thereof must be attached.)
1. It is not necess	ary for applicant to provi	de a separate record of the substance of the Interview.	
WAIVED AND MUST IN	NCLUDE THE SUBSTAN	to indicate to the contrary, A FORMAL WRITTEN RESINCE OF THE INTERVIEW (e.g., items 1-7 on the reversigiven one month from this interview date to provide a st	se side of this form). If a response to the last Office
requirements t	hat may be present in th	ry above (including any attachments) reflects a complet e last Office action, and since the claims are now allow e action. Applicant is not relieved from providing a sep	able, this completed form is considered to fulfill the
box 1 above is		10 Y	1

Examiner's Signature